Tellco pk
Bahnhofstrasse 4
P.O. Box
CH-6431 Schwyz

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info@tellcopk.ch
tellco.ch

Notification of death

Employer | **Contract no.**

Information on the insured person

○ Mr ○ Ms

Surname | First name
Street | Postcode, Place
Insured no. | Date of birth
Correspondence language ○ G ○ F ○ I ○ E | Entry date
Marital status ○ Single ○ Married ○ Widowed ○ Divorced ○ Domestic partnership

If divorced, please enclose a copy of the divorce certificate.

Death

Died on | Cause of death ○ Illness ○ Accident

Please enclose a copy of the official death certificate and in the case of accident or suicide the UVG notification.

Partner

○ Mr ○ Ms

Surname | First name
Street | Postcode, Place
Telephone | Insured no.

Please enclose proof of partnership (copy of family record book, cohabitation agreement, etc.).

Contact person (if not partner)

○ Mr ○ Ms

Surname | First name
Street | Postcode, Place
Telephone | Relationship

Information on benefit claim

Before the event of death was there an incapacity for work? ○ Yes, since ○ No

Children

If under 18 or in training / education up to the age of 25.

Surname	First name	Date of birth

Please enclose confirmation of training / education.

Comments

Place, Date	Stamp and signature of employer